Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of

The Wireline Competition Bureau	)	CC Docket 96-45
Seeks Comment on Petitions	)	WC Docket No. 03-109
	)	
Concerning Eligible Telecommunications	)	
Designations and the Lifeline and Link-Up	)	
Universal Service Support Mechanism	)	

Reply Comments of The Association of Clinicians for the Underserved (ACU)

Date: September 28, 2004

The Association of Clinicians for the Underserved (ACU) hereby submits the following Reply Comments in Support of the Petitions of Tracfone Wireless, Inc., CC 96-45, and AT&T, WC 03-109, to increase the access of low-income people to competitive telecommunications services. In particular, we support the inclusion of wireless providers and resellers as eligible telecommunications carriers in ("ETC") in the Lifeline Universal Service Program for the reasons stated below in order to provide services to qualifying low-income consumers.

The Association of Clinicians for the Underserved is a nonprofit, transdiciplinary organization whose mission is to improve the health of underserved populations and to enhance the development and support of the health care clinicians serving these communities. Our members are united by their common dedication for improving access to high quality medical, behavioral, pharmaceutical, and oral health care for our nation's underserved communities. Representing more than 500 individual members and the staff and patients in more than 25 community clinics and 35 national and state professional organizations, including the American Academy of Family Physicians, the American College of Obstetrics and Gynecology, and the American Academy of Nurse Practitioners. Also in our membership are numerous state and regional primary care associations, whose members are the federally qualified health centers, and national and regional clinical networks, whose members are the primary health care leaders on the frontlines in local communities. Free clinics are also represented in this membership and their patients are some of the 45 million uninsured in this country.

Every day, our members are working with low income, high-risk, multicultural patients and families with many chronic diseases, such as heart disease, diabetes, cancer, and asthma, which require continuous management. Often compounding these conditions are mental health and substance abuse problems. These families are often non-English speaking and have a low health literacy level. It is not uncommon for patients seen by our members to be on 6-8 different medications requiring constant assessment and follow-up.

ACU supports the transdisciplinary team approach to health care in which various members of the health care team work collaboratively with patients, families, caregivers, and community agencies to manage their chronic illnesses and to achieve the best health outcomes. Currently some of our members are using the Chronic Care Model, established in 1998 by E. H. Wagner, to improve the management of their patients with chronic illnesses. For example, some of our members in the federally qualified health center systems in urban, rural, migrant and homeless communities are in federally sponsored health disparities collaboratives using this model to improve and document that more frequent monitoring of the patients results in better disease management. This model requires frequent interaction between the patient and the health care team to develop and support the self-management of the disease by the patient and family. More frequent communication between the patient, caregivers, family members and the health care team is required for this model to work. This includes frequent telephone communications with patients. For example, nurse case managers and other members of the team are interacting with patients to monitor vital signs, lab values, medication adherence, and to provide patient counseling and advice via telephone. The norm is no longer a 90-day prescription for medications and a return appointment in 3 months. More frequent on-going communications between patient visits are used. With less costly, portable wireless communications now available to many of the mobile population of patients our members serve, engaging them in more frequent communications with the team has contributed to the increased use of this model to reduce health disparities and improve chronic illnesses. Outcome data from the health disparities collaboratives can be

obtained from the DHHS, Health Resources and Services Administration's Bureau of Primary Health Care.

ACU member are also strong advocates for preventive serves throughout the life cycle. Our members may be working in systems of care in which telephone call centers are being established to assist new mothers with well child care issues or elderly patients with flu and pneumonia vaccine appointments and follow-up.

In today's rapidly evolving telecommunications marketplace, wireless phone service is for many low income Americans a better option for phone service than traditional wireline. Low-income individuals often travel long distances to work and many have no access to telephones while on the job. Many work several jobs and are rarely home and rely on cell phones to keep in touch with their children, with health care providers, schools and emergency services ;others have additional responsibility for elderly family members and grandchildren. Job seekers need a means for scheduling interviews, quickly returning calls from prospective employers; seniors and people with disabilities and serious illnesses rely on cell phones for security and access to emergency services. Many low-income people, including migrant workers, are extremely transient, move frequently and do not have resources to have a landline repeatedly installed. For the homeless, a wireless phone may be their only means of access to their "own" phone and the only way that those providing essential services such as healthcare, can locate them.

Transient low-income people lack access to needed healthcare services for many reasons. Often, the lack of provider information, poor communications, and the inability to schedule and follow-up clinic appointments leaves people outside of the treatment system. Moreover, this population cannot easily access crisis intervention hotlines, state-based 2-1-1 counseling services, alcohol and other substance abuse referral organizations, mental health agencies, or other public health organizations during emergencies.

Low-income persons face extremely poor living conditions and are at significantly higher risk for serious and costly health conditions such as: Asthma; Diabetes; Chronic Obstructive Pulmonary Disease (COPD); Congestive Heart Failure; Tuberculosis; and high-risk pregnancy. It has been consistently shown that persons facing these chronic and episodic medical conditions do much better when they can use telephonic-based interventions "in-between" otherwise scheduled office visits. Periodic telephone consultations help keep people in their treatment programs -- using their prescribed devices and medications appropriately and effectively. Once again, wireless services may be the only viable telecommunications option for many highly mobile, lower income people in need of information technologies to support their healthcare.

Lifeline was created to ensure that all Americans would have access to telecommunications services. To fully achieve that goal in the Twenty First Century, low-income people should have access to competitive wireless services of all kinds, including the prepaid wireless services described in the Tracfone petition. Prepaid services in particular hold particular promise for low income people because there are no long term contracts that may be difficult to honor, no additional charges for late payment and very

often, as set out in the Tracfone petition, provide additional services like voice mail and long distance at no additional charge.

We believe that expanding the carrier choices for low income people to all carriers that are willing to meet the service requirements—whether wireline and wireless, facilities based and resellers—is in the public interest. It would bring the same choices and consumer benefits to low-income people that are available to all other Americans and most important lower costs to low income consumers and increase participation of eligible Americans in the Lifeline Program.

Respectfully submitted,

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